ACC.13
62nd Annual Scientific Session & Expo
TCT@ACC-i2

E2015
JACC March 12, 2013
Volume 61, Issue 10

Valvular Heart Disease

IMPACT OF VASODILATOR USE ON PROGNOSIS IN PATIENTS WITH CHRONIC SEVERE MITRAL REGURGITATION: MODULATED BY ASSOCIATED HYPERTENSION

Poster Contributions
Poster Sessions, Expo North
Monday, March 11, 2013, 9:45 a.m.-10:30 a.m.

Session Title: Valvular Heart Disease: Clinical VIII
Abstract Category: 31. Valvular Heart Disease: Clinical
Presentation Number: 1286-90

Authors: *Phyllis Supino, Ofek Hai, Nasimullah Khan, Edmund Herrold, Clare Hochreiter, Jeffrey Borer, SUNY Downstate Medical Center, Brooklyn, NY, USA, New York Presbyterian/Weill Cornell Medical Center, NY, USA*

Background: We showed that chronic vasodilator (V) use may increase cardiac events (CE) in patients (pts) with chronic severe aortic regurgitation (AR); V impact on CE and modulation of these effects by systolic hypertension (HTN) is undefined for chronic severe mitral regurgitation (MR).

Methods: We retrospectively analyzed 56 consecutive study eligible pts (age 50±12 yrs, 71% male, 25% hypertensive) with isolated chronic severe non ischemic MR, followed through 18 yrs, to assess impact of chronic V at entry on CE (death or valve surgery). CE rate differences were assessed by Kaplan-Meier log rank comparison with Cox model analysis to test for statistical interaction between impact of HTN and V use.

Results: At entry, pts lacked surgical indications; 8 were chronically on angiotensin converting enzyme inhibitor (6 pts) or receptor blocker (1 pt) or α adrenergic blocker (1 pt); pts were similar on age, gender, LVEF, RVEF, and LV dimensions (all NS). During follow up, CE included sudden death (1), heart failure (6), atrial-fib (6), LVIDs>4.5cm (18), LVEF<60% (12), RVEF<35% (3), combination CE (3). Overall, V use did not predict CE but an interaction (p=.05) indicated that, with chronic V, pts without systolic HTN had higher CE risk while those with HTN nominally had lower CE risk(Figure).

Conclusions: As in AR, V use appears to confer no benefit in pts with chronic severe MR and may portend CE risk in pts without systolic HTN. Further research including larger numbers of MR pts on various V, with and without HTN, is needed.